

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 23, 2012
Secretary of State**

DOCUMENT# N03000009329

Entity Name: THE HOMEOWNERS' ASSOCIATION OF CYPRESS LAKES, INC.**Current Principal Place of Business:**79 MASTERS DR
ST AUGUSTINE, FL 32084**New Principal Place of Business:****Current Mailing Address:**79 MASTERS DR
ST AUGUSTINE, FL 32084**New Mailing Address:**

FEI Number: 20-1366863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HERREN, JANICE L
79 MASTERS DR
ST AUGUSTINE, FL 32084 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP
Name: BROWN, TERI L
Address: 5839 CYPRESS ESTATES DR
City-St-Zip: ELKTON, FL 32033Title: DVP2
Name: RUSSELL, NANCY
Address: 5169 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033Title: DV
Name: STICKEL, TIMOTHY
Address: 5866 CYPRESS ESTATES DR
City-St-Zip: ELKTON, FL 32033Title: DS
Name: CHAPELLE, ERNEST
Address: 5624 LONG MARSH DR
City-St-Zip: ELKTON, FL 32033Title: DT
Name: ALVAREZ, ROBERT J
Address: 5138 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERI BROWN

PD

08/23/2012

Electronic Signature of Signing Officer or Director

Date